

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G652		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/22/2013	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 901 JOSEPH ST GREENSBURG, IN 47240			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W000000	<p>This visit was for the post certification revisit (PCR) to the fundamental recertification and state licensure survey completed on 1/14/13.</p> <p>Survey dates: March 21 and 22, 2013</p> <p>Facility Number: 001190 Provider Number: 15G652 AIM Number: 100233930</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/26/13 by Ruth Shackelford, Medical Surveyor III.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000317	<p>483.450(e)(4)(ii) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated. Based on record review and interview for 1 of 3 clients in the sample (#3), the facility failed to ensure client #3's plan of reduction for her psychotropic medication was attainable.</p> <p>Findings include:</p> <p>A review of client #3's record was conducted on 3/21/13 at 3:17 PM. Client #3's Behavior Support Plan, dated 3/12/12, indicated she had a psychotropic medication (Celexa). The plan for reducing Celexa indicated, "Medication reduction will be sought in conjunction with psychiatric, guardian review and consultation per below criteria: 0 instances each month of signs/symptoms of depression for six months."</p> <p>An interview was conducted with the Qualified Mental Retardation Professional (QMRP) on 3/22/13 at 9:03 AM. The QMRP stated, "I did not do it. I did not get it done. Totally my fault." The QMRP indicated client #3's plan for reducing her psychotropic medication</p>			W000317	<p>W317</p> <p>QIDP reviewed this client's Behavior Support Plan and particularly her medication reduction plan. The medication reduction plan was revised with criteria that is believed to be more attainable. Guardian and HRC approval was obtained.</p> <p>Responsible for QA: QIDP</p>		04/03/2013

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	<p>needed to be revised.</p> <p>An interview was conducted with Administrative Staff (AS) #1 on 3/22/13 at 9:08 AM. AS #1 indicated the plan needed to be revised. AS #1 indicated the facility did not revise the plan. AS #1 stated, "We missed it."</p> <p>This deficiency was cited on 1/14/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-5(a)</p>						

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W000356	<p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (#6), the facility failed to ensure a follow-up dental appointment was held as scheduled and recommended.</p> <p>Findings include:</p> <p>A review of client #6's record was conducted on 3/21/13 at 3:21 PM. Client #6's most recent dental appointment, dated 4/25/12, indicated a follow-up appointment was scheduled for 10/31/12. The appointment form indicated, "Attempting to hold onto teeth as long as possible but will eventually need to consider exts (extractions)." There was no documentation a follow-up was held after the 4/25/12 appointment.</p> <p>An interview was conducted with the Qualified Mental Retardation Professional (QMRP) on 3/21/13 at 9:03 AM. The QMRP stated, "I thought that was taken care of." The QMRP indicated a follow-up appointment should have been scheduled and attended in October 2012.</p>			W000356	<p>W356</p> <p>QIDP has ensured that a follow up dental eval has been scheduled for client #6. It was scheduled for April 1 but had to be rescheduled due to another medical issue with this client which resulted in an appointment with her heart physician at the same time. She has been scheduled for the next available appointment which is May 2 at 11:00am. The QIDP spoke with the guardian regarding the need to be more timely with her appointments as this guardian generally prefers to schedule the appointments. The guardian has agreed to turn this completely over to us and will attend appointments as she is able.</p> <p>Responsible for QA: QIDP</p>		04/01/2013

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W009999	<p>An interview was conducted with Administrative Staff (AS) #1 on 3/21/13 at 9:08 AM. AS #1 stated, "I thought that was taken care of." AS #1 indicated client #6 needed to have a follow-up appointment.</p> <p>This deficiency was cited on 1/14/13. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>			W009999	There is nothing cited in this area.		04/09/2013